

Pretesting the PTA Questionnaire on Child Health Supervision

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THE NATIONAL CONGRESS of Parents and Teachers initiated its promotion of health supervision activities in 1925, when it started its summer roundup program for children entering school. This roundup provided for medical examination of the child at a critical transition in his life and created an opportunity for correction of the defects found, especially those which might interfere with his progress in school. It later became clear to leaders in the PTA that it would be desirable to extend PTA efforts to promotion of health supervision from birth through the school years.

After much discussion, the National Board of Managers of the national congress adopted, in 1956, a recommendation supporting and encouraging the program of continuous health supervision of children from birth through their school experience. The intention was not to displace the summer roundup, but to add to it and enhance its value. Local parent-teacher associations were urged to acquaint parents with community resources and to encourage individual efforts to secure health supervision for children. The associations were also urged to work with the health professions and health agencies of the community in planning and carrying out specific health supervision programs.

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A key recommendation, developed by the national congress to implement the general goal of promotion of health supervision, was the administering of questionnaires on basic elements of health supervision by parent volunteers to other parents, particularly parents of children not yet in school. Three pilot projects were carried out in Georgia, Iowa, and Ohio, with the cooperation of selected local PTA councils. On the basis of these projects, two questionnaires were prepared, one for parents of a child under 1 year and another for parents of a child over 1 year. They are incorporated in a booklet entitled, "Keeping Children Healthy," published in 1963 by the National Congress of Parents and Teachers for guidance of State and local parent-teacher organizations.

Michigan Study

The Michigan Congress of Parents and Teachers felt a definite need for further study of the recommendations of the national congress and for development of modifications based on specific conditions and patterns of child health supervision in Michigan. During the 1962-63 school year, the health advisory committee to the Michigan congress, composed of representatives of medical, dental, nursing, public health, and educational agencies and organizations, formulated recommendations for projects and promotional activities which might properly and profitably be undertaken by local PTA organizations. Specific recommendations were approved by the board of directors of the Michigan congress in the fall of 1963. This statement endorsed the program of continuous health supervision from birth through high school of the national congress

and recommended certain specific activities to local parent-teacher groups:

1. Establishing a local committee on the continuous health supervision program.
2. Advising parents to maintain individual health records for their children.
3. Furnishing health information to parents through publications and meeting programs.
4. Continuing development and modification of the kindergarten roundup program to prepare children for successful school experience.
5. Making surveys to ascertain the extent of health supervision and immunization of infants and children in the community, utilizing questionnaires administered by parent volunteers.
6. Assisting local health departments to conduct health screening programs for 3- and 4-year-old children, under guidance of the Michigan Department of Health, and utilizing hearing, vision, tuberculin, and other screening tests.
7. Encouraging school administrations to develop strong health and family living education programs and to employ teachers with adequate knowledge and preparation to deal skillfully with these subjects.

After studying the questionnaires used in the pilot projects, the staff of the division of maternal and child health of the State health department felt the questionnaires needed further pretesting in Michigan. To support the work of the health advisory committee, they arranged for two special tests of the questionnaire developed for children over 1 year of age. These tests were carried out in the spring of 1963 in cooperation with two local health departments; the Ingham County Health Department, Dr. Arthur W. Newitt, director, and the Midland County Health Department, Dr. G. Frederick Moench, director.

Methods

The questionnaires were administered by public health nurses, Mrs. Margyl Terdal, R.N., and Mrs. Judith Silsby, R.N., of the Ingham County Health Department, and Miss Stella Griffith, R.N., of the Midland County Health Department, who were given specific orientation for the project by one author (J.R.). They asked the questions and recorded the answers of

parents of preschool children, who were brought to hearing and vision screening programs conducted for 3- and 4-year-old children in these counties.

Pretesting of the questionnaire by experienced nurses made possible a more exact evaluation of parents' reactions to the questions. By probing in some depth the reasons for various responses to the questions, the nurses could test the validity and usefulness of the questions.

These studies were both carried out in medium-sized cities, Lansing and Midland. Though the screening programs during which the questionnaires were pretested were aimed at the entire local populations, it was generally observed that the participating families contained a more than proportionate representation of better educated families and a less than proportionate representation of families at the extreme lower end of the socioeconomic scale. No specific measurement of socioeconomic status was made.

The questions are listed in table 1. The data requested are the same as in the PTA pilot programs except for the addition of two questions on dental visits to probe further the field of dental care. In addition, the nurses were asked to record the reason for negative answers on the back of the sheet. In actual practice, they recorded specific remarks made in connection with positive answers as well.

It was decided to record in these studies whether the child had a dentist and a physician. The type of physician (pediatrician, other medical doctor, or doctor of osteopathy) was also noted. Names of children and families were not recorded, since the primary purpose was validation of the questionnaire.

Results were coded and tabulated with the assistance of Mrs. Rita White, administrative analyst, division of maternal and child health, and Miss Doris Duxbury, chief of statistical methods section of the Michigan Department of Health, and their staffs.

Answers to Questions

A total of 1,197 questionnaires were filled out; 970 in Ingham County (Lansing), and 227 in Midland County (Midland). More than half the children involved were 3-year-olds; somewhat less than half were 4-year-olds; a few

were 5-year-olds. There was a sprinkling of 1-, 2-, and 6-year-olds. Of these children, 384 had a pediatrician; 709 had a medical doctor other than a pediatrician; 67 had another type of physician (presumably osteopathic); 20 had a physician of type not stated; 2 did not answer the question; and only 15 in all this group did not have a physician.

A family dentist was reported for 877 children, though not all of them had seen the dentist. One hundred forty-five had no family dentist, and 175 did not answer this question.

Questions 1, 2, 4, 5, 6, 9, and 10 served as indices of the extent of health supervision nor-

mally expected at this age. Question 3 probed three aspects of the content of health supervision, and questions 7 and 8 revealed the extent of need for screening tests of hearing and vision. Results of the questions are summarized in table 1. The patterns of answers to the questionnaires from the two cities were sufficiently similar that results have been combined in this presentation for all except the question on fluoridated water in one of the following tables.

Questions 1 and 2, on health checkups, unfortunately confused the parents sufficiently that no clear differentiation is possible between contacts with physicians for health supervision

Table 1. Data requested on PTA child health supervision questionnaire for parents of children over 1 year of age and summary of replies, Michigan, 1963

Questions	Answers						
	Yes	Age when event occurred				No	Don't know
		Under 1 year	1-2 years	Over 2 years	Not stated		
1, 2. Has this child had a general health check-up by a physician since his or her first birthday? Has there been such a checkup within the past 4 years?-----	1, 188					5	4
3. If so, did you take the opportunity to ask about:							
His (her) nutrition?-----	341					780	76
His (her) behavior?-----	251					879	67
Accident prevention?-----	50					1, 087	60
4. Has this child been immunized against:							
Diphtheria, whooping cough, and tetanus (DTP)? (If not all three, circle those given.)-----	1, 170	797	101	32	240	14	13
Smallpox?-----	1, 106	530	275	61	240	83	8
Poliomyelitis?-----	1, 175	714	145	47	269	15	7
5. Has there been a booster immunization for:							
Diphtheria?-----	619	2	57	386	174	446	132
Whooping cough?-----	619	2	57	384	176	446	132
Tetanus?-----	643	2	58	400	183	430	124
Smallpox?-----	121	0	10	78	33	859	217
Poliomyelitis?-----	831	3	110	477	241	254	112
6. Has this child ever had a tuberculin (Mantoux) test?-----	339	12	33	199	95	806	52
7. Has he (she) had a vision test during the past year?-----	67	1	2	35	29	1, 130	0
8. Has he (she) had a hearing test during the past 2 years?-----	25	0	0	17	8	1, 171	1
9. Does he (she) drink fluoridated water?-----	712					365	120
Has he (she) ever had topical fluoride treatments?-----	44			29	15	1, 139	14
Has he (she) been to a dentist during the past 6 months?-----	398					799	0
Has he (she) been to a dentist at all?-----	511	2	9	59	441	686	0
Was any treatment given at that time?-----	130					379	
10. Does your family have a personal health record for this child? If not, would you care to have one?-----	869					328	0

and for illness. The figures in table 1, therefore, show only that most children had contact of some sort with a physician, regardless of reason. Nevertheless, about 100 of these children had no general health examination. They were apparently seen by a physician only when ill (table 2).

The responses show that initial immunizations reached all but a handful of these children, at least two-thirds of them by age 1 and three-fourths by age 2. Only 2.6 percent were specifically identified as having their initial immunization after age 2; however, the age was not stated for one-fifth of the children. About one-half of the children had had boosters against diphtheria, tetanus, and whooping cough and

about three-fourths of them had had a booster against poliomyelitis. A little over one-fourth had had a tuberculin test. Nearly one-half had already been taken to the dentist and almost three-fourths of them had a personal health record. These figures indicate that nearly all of the children have been under a physician's care and received basic immunizations, and they give other evidence of health supervision for many.

In the presence of this high level of general health supervision, it was of interest that only 5.5 percent had received a vision test and only 2 percent a hearing test. These results clearly indicate that vision and hearing screening test programs for children in this 3- to 4-year age

Table 2. Analysis of replies to question (3) on asking physician about nutrition, behavior, and accident prevention, PTA child health supervision questionnaire, Michigan, 1963

Reasons for "yes" answers	Number	Reasons for "no" answers	Number
<i>Nutrition</i>		<i>Nutrition</i>	
Small, underweight.....	49	Physician routinely discusses.....	39
Won't eat certain things.....	9	Discussed previously with physician.....	59
Anemic.....	8	Physician would advise if necessary.....	24
Child large, big eater.....	6	No problems.....	429
Has allergies.....	5	Only minor problems.....	13
Constipated.....	4	Family can handle.....	21
Just wondered.....	43	Knowledge from reading.....	52
No reason given.....	217	Never thought of asking.....	43
		Doesn't have care of child.....	3
		No general health examination.....	97
Total.....	341	Total.....	780
<i>Behavior</i>		<i>Behavior</i>	
Aggressive; hyperactive.....	32	Physician routinely discusses.....	2
Curious.....	13	Discussed previously with physician.....	18
Resists bed; poor sleep.....	9	Physician would advise if necessary.....	5
Conflict with siblings.....	6	No problems.....	633
Whines, cries a lot.....	6	Only minor problems.....	28
Slow development.....	5	Family can handle.....	28
Afraid of strangers.....	4	Knowledge from reading.....	31
Speech problem.....	1	Never thought of asking.....	31
	175	Doesn't have care of child.....	1
		No general health examination.....	102
Total.....	251	Total.....	879
<i>Accident prevention</i>		<i>Accident prevention</i>	
Child has accidents.....	6	Physician routinely discusses.....	9
Had unusual accident.....	4	Discussed previously with physician.....	15
Just wanted to know.....	3	Physician would advise if necessary.....	7
No reason given.....	37	No problems.....	342
		Only minor problems.....	13
		Family can handle.....	123
		Knowledge from reading.....	269
		Never thought of asking.....	208
		Doesn't have care of child.....	1
		No general examination.....	100
Total.....	50	Total.....	1,087

group are a supplement to and not a duplication of services by private physicians.

A little more than one-fourth of the parents had talked about nutrition with the child's physician and less than one-fourth had asked about the child's behavior at the last health checkup (table 1). Answers to the questions dealing with these subjects indicate that they are not raised routinely by parents, nor are they reviewed regularly by many physicians in the course of health supervision activity. They are dealt with primarily when actual problems are observed by the physician or are brought up by parents.

The answers to the part of question 3 on accident prevention are somewhat surprising in view of the emphasis that has been placed by such organizations as the American Academy of Pediatrics on the teaching of accident prevention to parents. Apparently few physicians do, and few parents expect them to, even in these populations where contacts with physicians are almost universal.

Probing the Answers

The results of probing for reasons behind the answers to these questions are shown in tables 2-4. Both the positive and the negative answers to question 3 on nutrition, behavior, or accident prevention were probed. Most mothers gave no particular reason for discussing any of these subjects. Those who did cited problems which are quite usual for this preschool age group (table 2).

It should be noted that the question referred only to the most recent visit to the physician and that a number of parents pointed out that they had discussed these topics on previous visits to the physician. Furthermore, the question asked if the parent "took the opportunity to ask the physician about" the subjects (table 1), and a number of parents pointed out that their physician routinely discussed them. Therefore, it was not necessary to ask. These replies showed up difficulties in the wording of the questions which the Michigan congress has attempted to correct by revision of the questionnaire.

Table 3. Analysis of negative replies to questions on basic immunizations (4) and booster immunizations (5), PTA child health supervision questionnaire, Michigan, 1963

Reasons for "no" and "don't know" ¹ answers	Immunizations			Boosters				
	DTP	Small-pox	Polio-myelitis	Diphtheria	Whooping cough	Tetanus	Small-pox	Polio-myelitis
<i>"No" answers</i>								
Child has been ill.....	4	19	4	36	36	33	37	33
Child has allergy.....	1	13	1	1	1	1	10	1
Plan to take child soon.....	3	9	4	63	63	62	75	44
No intention of giving.....	1	1	3	2	2	2	3	3
Waiting for school entry.....		17		221	221	212	392	82
Didn't know it was necessary.....	3			17	18	16	29	6
Hasn't had money.....	3		1	8	8	8	7	6
Physician says child too young.....		6						
Hasn't been to physician.....		2						
Booster not due yet.....				41	41	40	128	28
Doesn't know when due.....				25	25	25	39	13
No original immunization.....				5	5	5	21	5
No reason given.....	5	10	2	27	26	26	118	33
Total.....	14	83	15	446	446	430	859	254
<i>"Don't know" answers</i>								
Doesn't remember; not sure.....				31	31	29	43	21
Leaves it up to physician.....				11	11	11	16	5
No reason given.....				90	90	84	158	86
Total.....				132	132	124	217	112

¹ Answers apply only to question on booster immunizations (5).

Other negative answers to this question indicated that many children had little or no problems in the fields of nutrition and behavior or that the parents can handle such problems as they arise. The replies also indicated that a

majority of parents of preschool children have some concern regarding problems with accidents, but families either feel capable of handling accident prevention themselves or have sought help through reading and other sources.

Table 4. Analysis of replies to questions (6-10), PTA child health supervision questionnaire, Ingham and Midland Counties, Mich., 1963

Reasons for answers	Number	Reasons for answers	Number
"No" to had a tuberculin test (6)-----	806	"No" to had topical fluoride treatments (9) --	1, 139
Don't know when to get it.....	369	Thought unnecessary.....	298
Didn't know it was needed.....	210	Has not been to dentist.....	246
Waiting for school entry.....	100	Thought child too young.....	132
Plan to take child soon.....	34	Waiting for school program.....	92
Child has not been to a physician.....	6	Plan to do it soon.....	65
Don't know where to get it.....	3	Child ill, or lack of time.....	34
Child has been ill.....	33	Doesn't know where given.....	25
Child has allergy.....	1	Hasn't had the money.....	25
No intention of getting.....	1	Doesn't approve of them.....	14
No reason given.....	49	Takes fluoride tablets.....	81
		No reason given.....	127
"Don't know" to had a tuberculin test (6)---	52	"No" to has seen a dentist in last 6 months	
Doesn't remember; not sure.....	15	(9)-----	799
Leaves it up to physician.....	7	Never been to a dentist.....	663
No reason given.....	30	Child taken earlier than last 6 months.....	88
		Plan to take child soon.....	5
"No" to had a vision test in past year (7)---	1, 130	Waiting for school entry.....	3
No trouble.....	479	Thought child too young.....	2
Hadn't heard of screening tests.....	201	Hasn't had the money.....	2
Only physician's usual examination.....	115	Would take child if he complained.....	1
Physician hasn't mentioned it.....	67	Child has been ill.....	3
Didn't think it important.....	54	No reason given.....	32
None available.....	30		
Planned to take child soon.....	19	"No" to has been to a dentist at all (9)-----	686
Haven't had the money.....	7	Plan to take child soon.....	243
No reason given.....	158	Thought child too young.....	131
		Didn't think necessary.....	70
"No" to had a hearing test in past 2 years (8)---	1, 171	Waiting for school entry.....	59
No trouble.....	495	Would take child if he complained.....	55
Hadn't heard of screening tests.....	203	Child has been ill.....	54
Only physician's usual examination.....	121	Hasn't had the money.....	49
Physician hasn't mentioned it.....	68	No reason given.....	25
Didn't think it important.....	56		
None available.....	30	"Yes" to treatment given at that time (9)---	130
Planned to take child soon.....	16		
Haven't had the money.....	7	"No" to treatment given at that time (9)---	379
Treated, but no test.....	7	No dental problems.....	378
No reason given.....	168	No reason given.....	1
"Yes" to drinks fluoridated water (9) ¹ -----	572	"No" to have personal health record for child	
		(10)-----	328
"No" to drinks fluoridated water (9) ¹ -----	278	Physician keeps record; wants copy only if	
City water not treated.....	167	moving.....	32
Uses well water.....	88	Physician keeps record; too many for moth-	
No knowledge of fluoridation.....	2	er to keep.....	20
Does not approve fluoridation.....	1	Physician keeps record; would like one at	
Child takes fluoride tablets.....	5	home, too.....	1
No reason given.....	15	Does not think necessary.....	4
		No reason given.....	20
"Don't know" to drinks fluoridated water		No comment.....	251
(9) ¹ -----	120		
Doesn't know if city water fluoridated.....	117		
Doesn't remember; not sure.....	2		
No reason given.....	1		

¹ Answers apply to Ingham County only. In Midland County, 140 parents replied "yes" and 87 "no." Five said city water was not treated; 82 gave no reason.

Only 1 parent in 20 had actually discussed this matter with the child's physician.

The negative answers to the questions about initial immunizations (table 3) showed few children whose immunizations were put off because of illness. A small scattering of respondents held erroneous conceptions about immunizations, largely in relation to smallpox vaccination. Lack of money should be listed among erroneous conceptions in this instance, since all organized local health departments in Michigan are under statutory obligation to offer immunizations without charge to those who cannot pay. The extremely small number of parents refusing immunization was encouraging.

The negative answers concerning booster immunizations revealed a much larger area of ignorance and misconception. Fully one-fifth of these children had not received booster DTP immunizations because their parents were under the impression that the boosters were not due yet or were waiting for school entry before giving them. Smallpox revaccination is not normally given until school entry, but interestingly, 10 percent of the children had already had a second smallpox vaccination. Apparently more attention has been paid to poliomyelitis boosters than to any other immunization. Nearly three-fourths of the children had had poliomyelitis boosters while only one-half had had DTP boosters.

The answers to the question on tuberculin testing (table 4) were reasonably encouraging. More than half of parents replying that no tests had been made were favorably inclined toward getting the test. Only one-fourth of them showed ignorance of the test. A handful of tests had been postponed because of illness and only one parent was definitely opposed to the test.

Questions on testing of vision and hearing clearly revealed that these tests as distinguished from usual medical examination of ears and eyes are still rarely done by physicians or considered necessary by parents (table 4). The objectives of testing in the 3- to 4-year age range are to find children with hearing difficulties close to the time at which language learning is normally starting and to find children with developing amblyopia at an age when proper refraction and fitting of glasses can usually restore binocular

vision. In both conditions, the goal is early medical treatment for those who can be treated, and early casefinding for those needing special education to prepare them for school learning experiences.

The answers to the question "Does he (she) drink fluoridated water?" required special interpretation. The Midland city water supply was one of the earliest to be fluoridated in Michigan. Yet two-fifths of the parents in Midland who were asked whether their child drank fluoridated water were under the impression that the child did not. At the time of this study, fluoridation of the water supply in Lansing was under active consideration and public discussion, but had not been accomplished. Three-fifths of the Lansing parents were under the impression that the water already had been fluoridated. Only one parent in seven correctly knew that the water was not yet fluoridated and one parent in nine was in that desirable state which is the beginning of all wisdom: They did not know whether the city water was fluoridated, and they knew that they did not know it.

The answers to "Has he (she) ever had topical fluoride treatment?" revealed a general lack of knowledge of the value of fluoride treatments to teeth in the preschool age period. Only about 1 child in 25 had actually had fluoride treatments. Two in 25 were receiving fluoride tablets. It is encouraging that very little active opposition either to fluoridation of the water supply or fluoride treatment was expressed.

The question "Has he (she) been to a dentist at all?" was much more productive than one asking if the child had visited a dentist in the last 6 months. A clear majority of these parents either had already taken their child to the dentist or spontaneously expressed a plan to do so soon.

Nevertheless there is educational work to be done. About two-fifths of the parents indicated in one way or another that they did not feel dental care was necessary in the preschool period. About one-fourth of those children who had been to the dentist had received some sort of corrective dental treatment. However, this information is not particularly meaningful since the questionnaire is intended to emphasize preventive health supervision rather than treatment of illness.

The replies to the question about maintaining personal health records showed, surprisingly, that three-fourths of the parents maintained some form of health record for their child and another small group preferred to have the physician maintain the record. This was an impressive record of parental concern for health supervision. It is quite possible that the Michigan law requiring presentation of a record of immunization upon school entry has encouraged maintenance of such records.

Discussion

The health advisory committee to the Michigan Congress of Parents and Teachers has carefully studied the questionnaires originally used in pilot tests by the National Congress of Parents and Teachers and the revised questionnaires printed in the new PTA pamphlet, "Keeping Children Healthy." Further revision of these questionnaires has led to recommended forms for children over 1 year of age and infants under 1 year, respectively (see box).

REVISED QUESTIONS

The following questions appear on the two revised questionnaires for child health supervision, prepared by the Michigan Congress of Parents and Teachers. On the final form, space was provided for "yes," "no," and "don't know" answers and the year in which the event occurred. The child's name, age, sex, county, school, and parent or guardian's name and address were also requested.

Babies Under 1 Year

1. How many months has it been since this child was last seen by a physician?
2. Was the visit for: (a) general health examination? (b) illness or accident? (c) immunization only?
3. If there has ever been a general health examination, did you discuss with the doctor: (a) nutrition? (b) growth and development? (c) behavior? (d) accident prevention?
4. Has this child had immunizations against: (a) diphtheria, whooping cough, and tetanus (DTP)? (b) poliomyelitis? Salk (shots) Sabin (oral) (c) smallpox? (d) measles?
5. Has this child been given a tuberculin skin test?
6. Does this child drink fluoridated water? (b) Does this child receive dietary supplements of fluoride?
7. Does your family have a legal copy of this child's birth certificate?
8. Does your family have a health record for this child?

Children Over 1 Year

1. When was the last time this child was seen by a physician?
2. Was this visit for: (a) general health examination? (b) illness or accident? (c) other reasons?

3. If there has ever been a general health examination, did you discuss with the doctor: (a) nutrition? (b) growth and development? (c) behavior? (d) accident prevention?

4. When was this child first immunized against: (a) diphtheria, whooping cough, and tetanus (DTP)? (b) poliomyelitis? Salk (shots) Sabin (oral) (c) smallpox? (d) measles?

5. When was this child last given boosters against: (a) diphtheria? (b) tetanus? (c) whooping cough? (d) poliomyelitis? Salk (shots) Sabin (oral) (e) smallpox? (f) measles?

6. When did this child last have a tuberculin skin test?

7. Has this child had a vision test?

8. Has this child had a hearing test?

9. Has this child been seen by a dentist? When was the last time?

10. Was the visit for: (a) regular dental care (e.g., examination, X-ray, cleaning, fillings)? (b) emergency treatment (e.g., toothache, accident)? (c) other reasons (e.g., orthodontic care)?

11. (a) Does this child drink fluoridated water? (b) Have this child's teeth received applications of fluoride (if over 3-years-old)? (c) Does this child receive dietary supplements of fluoride?

12. Does your family have a health record for this child?

Recommendations to local parent-teacher groups and councils are being formulated. These will emphasize the desirability and necessity of planning and coordination of any questionnaire survey with local health department, school system, physicians, and dentists more strongly than the PTA pamphlet.

The desirability of PTA cooperation with local health departments in developing screening programs for 3- and 4-year-old children including hearing, vision, tuberculin, and other possible tests has already been emphasized in a communication of the health advisory committee, approved by the executive board of the Michigan congress and sent to all local PTA groups. In the 1963-64 school year, 12,092 children, 3- and 4-years old, received hearing screening tests in Michigan and 19,542 received vision screening tests. The development of well-organized pilot programs of questionnaire surveys by local PTA groups in cooperation with local health departments, schools, physicians, and dentists is now likely to become a valuable facet of these screening programs.

Summary

Two special tests of a questionnaire developed by the National Congress of Parents and Teachers for administration by parent volunteers to families with children over 1-year-old were carried out by experienced public health nurses in Lansing and Midland, Mich., under guidance of the division of maternal and child health, Michigan Department of Health. A total of 1,197 questionnaires were completed by the nurses, who interviewed parents bringing their 3- and 4-year-old children for the hearing and vision screening tests conducted by the local health departments.

Results indicated that all but 15 of these children had received some medical health

supervision and nearly all had received basic immunizations, three-fourths of them by age 2. About one-half of the children had had boosters against diphtheria, tetanus, and whooping cough and about three-fourths of them had had a booster against poliomyelitis. A little over one-fourth had had a tuberculin test. Nearly one-half had already been taken to the dentist and almost three-fourths of them had a personal health record.

Only about one-fourth of parents had discussed nutrition and behavior with their physician and less than 1 in 20 had discussed accident prevention with the physician. Over one-fourth of the parents secured information on accident prevention from other sources, such as reading. Only 1 child in 20 had had a vision test and 1 child in 50 a hearing test. Screening programs for hearing and vision were shown to be filling a need not now met in a population with a high level of medical health supervision.

Validity of individual questions in the questionnaire was tested by probing the reasons for negative and uncertain answers and for some of the positive answers. Suggestions for revision of the questionnaire have been incorporated in revised questionnaires developed by the health advisory committee to the Michigan Congress of Parents and Teachers.

The probing questions revealed fairly numerous misconceptions concerning the proper time for booster immunizations and considerable ignorance of the value of fluoride applications to the teeth of preschool children and their need for routine dental care. Fully half the parents gave erroneous answers when asked if their children drank fluoridated water. The development of pilot questionnaire surveys of child health supervision by a parent group working in close cooperation with local health departments, schools, physicians, and dentist is recommended on the basis of this study.